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Bib Data Sheet

CONFIRMATION NO. 1721

SERIAL NUMBER 10/626,753	FILING DATE 07/25/2003  RULE	CLASS 402	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. gbc72203
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None - m7M*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None - m7M*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 20/11	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Spine binder

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